

# Work Order ID 163733

Thursday, July 06, 2017 11:30:05 AM

**\*163733\***

Page 1

Item ID: D3295-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Replacement Interior Window for -111  
 Start Date: 7/6/2017 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 7/12/2017 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: DAS 21 Date: JUL 06 2017 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: 9-89 Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D3295    | E            |

|                   |                                                              |      |  |  |  |  |  |  |  |
|-------------------|--------------------------------------------------------------|------|--|--|--|--|--|--|--|
| 100               | FLOW WATER JET                                               | 0.00 |  |  |  |  |  |  |  |
| <b>*100*</b>      |                                                              |      |  |  |  |  |  |  |  |
| Waterjet          | Memo                                                         | 0.57 |  |  |  |  |  |  |  |
| FLOW CNC Waterjet | ***ENSURE PLASTIC BLOCK ARE ON TABLE BEFORE CUTTING PARTS*** |      |  |  |  |  |  |  |  |
|                   | 1-Cut D3295-1 as per Dwg D3295                               |      |  |  |  |  |  |  |  |
|                   | Dwg Rev: <u>E</u>                                            |      |  |  |  |  |  |  |  |
|                   | Prog Rev: <u>E</u>                                           |      |  |  |  |  |  |  |  |
|                   | 2-Remove plastic, clean and wrap in saran wrap.              |      |  |  |  |  |  |  |  |
|                   | 3-Deburr if necessary                                        |      |  |  |  |  |  |  |  |

|                 |                                         |      |  |  |  |  |  |  |  |
|-----------------|-----------------------------------------|------|--|--|--|--|--|--|--|
| 110             | QC2- Inspect parts off machine FAI/FAIB | 0.00 |  |  |  |  |  |  |  |
| <b>*110*</b>    |                                         |      |  |  |  |  |  |  |  |
| QC              | Memo                                    | 0.04 |  |  |  |  |  |  |  |
| Quality Control |                                         |      |  |  |  |  |  |  |  |

(4) \_\_\_\_\_ 07/17/12

(4) \_\_\_\_\_ 07/17/12

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |

**Work Order ID 163733**

Thursday, July 06, 2017 11:30:06 AM

**\*163733\***

Page 2

Item ID: D3295-041

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Replacement Interior Window for -111

Start Date: 7/6/2017 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 7/12/2017 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

QC8- Inspect parts - second check

0.00

**\*120\***

QC

Memo

0.08

Quality Control

DAS  
38  
9-89

JUL 13 2017

130

Small Fab

0.00

**\*130\***

Small Fab

Memo

0.65

Small Fab

Assemble as per Dwg D3295. Put window in plastic wrap.

4X

DAS  
36  
9-89

17/07/19

140

QC5- Inspect part completeness to step on W/O

0.00

**\*140\***

QC

Memo

0.08

Quality Control

4

DAS  
38  
9-89

JUL 20 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |            |  |  |                |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Root Cause</th> <th colspan="3" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Environment <input type="checkbox"/></td> <td style="width: 15%;">No Re-verification <input type="checkbox"/></td> <td style="width: 15%;">Pressure/Forced <input type="checkbox"/></td> <td style="width: 15%;">Temperature/Cure <input type="checkbox"/></td> <td style="width: 15%;">Power Loss/Surge <input type="checkbox"/></td> <td style="width: 15%;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td colspan="4" rowspan="2" style="text-align: center; vertical-align: top;">OTHER : _____</td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                               | Root Cause |  |  | FAULT CATEGORY |  |  | Environment <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                  |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |

# Work Order ID 163733

Thursday, July 06, 2017 11:30:06 AM

**\*163733\***

Page 3

Item ID: D3295-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Replacement Interior Window for -111  
 Start Date: 7/6/2017 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 7/12/2017 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 150                            | Identify as per dwg & Stock Location: <i>5436</i> | 0.00                 |         |        |              | <i>4</i>      | <i>6</i>      |                  |                |
| <b>*150*</b>                   |                                                   |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                              | 0.04                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                   |                      |         |        |              |               |               |                  |                |
| 160                            | QC21- Final Inspection - Work Order Release       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                                   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                              | 0.40                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  |                |

*4* *6* *DAS*  
*9-89* *JUL 20 2017*  
*17/7/2017*

*DAS*  
*21*  
*9-89*  
*JUL 20 2017*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                 |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |                                                 |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                                 |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | Completed By                                    |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | QC / QA Coordinator<br>Approval                 |  |

|                                  |                          |        |                          |                       |                          |               |                          |              |                          |          |                          |                    |                          |                  |                          |     |                          |            |                          |                  |                          |               |                          |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                 |                          |         |                          |                       |                          |        |                          |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |                  |                          |        |                          |           |                          |                      |                          |                                   |                          |               |                          |             |                          |               |                          |                                 |                          |             |                          |                  |                          |               |                          |       |                          |      |                          |                    |                          |                 |                          |         |                          |            |                          |              |                          |                       |                          |                  |                          |                    |                          |                      |                          |                |                          |                   |                          |            |                          |         |                          |        |                          |         |                          |                  |                          |
|----------------------------------|--------------------------|--------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|--------------|--------------------------|----------|--------------------------|--------------------|--------------------------|------------------|--------------------------|-----|--------------------------|------------|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------------|--------------------------|----------|--------------------------|--------------|--------------------------|----------|--------------------------|----------|--------------------------|-----------------|--------------------------|------------------|--------------------------|---------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|-----------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|---------|--------------------------|-----------------------|--------------------------|--------|--------------------------|------------------------|--------------------------|-------|--------------------------|----------|--------------------------|------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|------------------|--------------------------|--------|--------------------------|-----------|--------------------------|----------------------|--------------------------|-----------------------------------|--------------------------|---------------|--------------------------|-------------|--------------------------|---------------|--------------------------|---------------------------------|--------------------------|-------------|--------------------------|------------------|--------------------------|---------------|--------------------------|-------|--------------------------|------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|---------|--------------------------|------------|--------------------------|--------------|--------------------------|-----------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|----------------|--------------------------|-------------------|--------------------------|------------|--------------------------|---------|--------------------------|--------|--------------------------|---------|--------------------------|------------------|--------------------------|
| <b>Root Cause</b>                |                          |        |                          | <b>FAULT CATEGORY</b> |                          |               |                          |              |                          |          |                          |                    |                          |                  |                          |     |                          |            |                          |                  |                          |               |                          |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                 |                          |         |                          |                       |                          |        |                          |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |                  |                          |        |                          |           |                          |                      |                          |                                   |                          |               |                          |             |                          |               |                          |                                 |                          |             |                          |                  |                          |               |                          |       |                          |      |                          |                    |                          |                 |                          |         |                          |            |                          |              |                          |                       |                          |                  |                          |                    |                          |                      |                          |                |                          |                   |                          |            |                          |         |                          |        |                          |         |                          |                  |                          |
| Environment                      | <input type="checkbox"/> | Design | <input type="checkbox"/> | Doc/Data              | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Material | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Training | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | Pressure/Forced | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Centre Not Concentric | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Temperature/Cure | <input type="checkbox"/> | Set-up | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | Folio/Program | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Finish | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Turning Sequence | <input type="checkbox"/> |
| OTHER : <input type="checkbox"/> |                          |        |                          |                       |                          |               |                          |              |                          |          |                          |                    |                          |                  |                          |     |                          |            |                          |                  |                          |               |                          |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                 |                          |         |                          |                       |                          |        |                          |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |                  |                          |        |                          |           |                          |                      |                          |                                   |                          |               |                          |             |                          |               |                          |                                 |                          |             |                          |                  |                          |               |                          |       |                          |      |                          |                    |                          |                 |                          |         |                          |            |                          |              |                          |                       |                          |                  |                          |                    |                          |                      |                          |                |                          |                   |                          |            |                          |         |                          |        |                          |         |                          |                  |                          |

# Picklist Print

Thursday, July 06, 2017 11:30:09 AM

Page 1

Work Order ID: 163733

**\*163733\***

Parent Item: D3295-041

**\*D3295-041\***

Parent Item Name: Replacement Interior Window for -111

Start Date: 7/6/2017

Required Date: 7/12/2017

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP C05.06.20D3295-1 no longer made in-houseKJ/JLM  
IPP Rev:D Added DT8822 07-03-20 JLM  
IPP Rev:E Returned Manufacturing In House 07-06-26 JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|                   |  |           |  |  |  |     |    |         |      |          |  |  |  |
|-------------------|--|-----------|--|--|--|-----|----|---------|------|----------|--|--|--|
| MLEXS.125-9034-01 |  | Purchased |  |  |  | 100 | sf | 48.1400 | 1.24 | 5.221053 |  |  |  |
|-------------------|--|-----------|--|--|--|-----|----|---------|------|----------|--|--|--|

**\*MI FXS 125-9034-01\***

1/8" 9034 Lexan Sheet (Clear)

\*\*

17/07/12

Location

Loc Qty

Loc Code

MAT019

22.04

m135241

22.04

RM

26.1

m135485

26.1

D2728-1

Manufactured Yes

140

Each

-4.0000

1

4

**\*D2728-1\***

Dart Logo Label Small

\*\*

17/07/12 DAS 36 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                 | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                |                                               |                       |                                                                                                                    |  |
| Date :                                                       |                          | Step #:                                                                                                                                                                            |                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                                                 | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                               |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER :                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |



|                              |               |                           |
|------------------------------|---------------|---------------------------|
| <b>DART AEROSPACE LTD</b>    |               | <b>Work Order:</b> 163733 |
| <b>Description:</b> Window   |               | <b>Part Number:</b> D3295 |
| <b>Inspection Dwg:</b> D3295 | <b>Rev:</b> E | <b>Page 1 of 1</b>        |

### FIRST ARTICLE INSPECTION CHECKLIST

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| Ø0.156            | +0.005/-0.001 | Ø.159            | 1      |        | Type                 |          |
| 17.13             | +/-0.030      | 17.13            | 1      |        | V.D. 01              |          |
| 10.43             | +/-0.030      | 10.43            | 1      |        | V.D. 02              |          |
| 14.35             | +/-0.030      | 14.35            | 1      |        |                      |          |
| 8.98              | +/-0.030      | 8.98             | 1      |        |                      |          |
| 0.625             | +/-0.010      | 0.628            | 1      |        |                      |          |
| 7.109             | +/-0.010      | 7.109            | 1      |        |                      |          |
| 15.845            | +/-0.010      | 15.845           | 1      |        |                      |          |
| 2.308             | +/-0.010      | 2.308            | 1      |        |                      |          |
| 5.420             | +/-0.010      | 5.420            | 1      |        |                      |          |
| 9.402             | +/-0.010      | 9.402            | 1      |        |                      |          |
| 1.312             | +/-0.010      | 1.311            | 1      |        |                      |          |
| 6.260             | +/-0.010      | 6.263            | 1      |        |                      |          |
| 12.520            | +/-0.010      | 12.520           | 1      |        |                      |          |
| 0.313             | +/-0.010      | 0.317            | 1      |        |                      |          |
| 3.750             | +/-0.010      | 3.750            | 1      |        |                      |          |
| 8.150             | +/-0.010      | 8.150            | 1      |        |                      |          |
| 9.006             | +/-0.010      | 9.008            | 1      |        |                      |          |
| 0.125             | +/-0.010      | 0.125            | 1      |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |

|                               |                                             |                              |
|-------------------------------|---------------------------------------------|------------------------------|
| <b>Measured by:</b> <i>DC</i> | <b>Audited by:</b> <i>DAS</i><br>38<br>9-80 | <b>Preliminary Approval:</b> |
| <b>Date:</b> 17/07/12         | <b>Date:</b> JUL 13 2017                    | <b>Date:</b>                 |

| Rev | Date     | Change                  | Revised by | Approved |
|-----|----------|-------------------------|------------|----------|
| A   | 07.11.23 | New Issue P/O D3295-041 | KJ/EC/DD   |          |
| B   | 13.02.27 | Dwg Rev updated         | KJ         |          |

| ITEM | QTY<br>-041 | QTY<br>-041B | P/N        | DESCRIPTION         |
|------|-------------|--------------|------------|---------------------|
|      | X           |              | D3295-041  | FLOOR WINDOW        |
|      |             | X            | D3295-041B | FLOOR WINDOW, BLANK |
| 1    | 1           |              | D3295-1    | WINDOW              |
| 2    |             | 1            | D3295-1B   | WINDOW, BLANK       |
| 3    | 1           | 1            | D2728-1    | DECAL               |

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WITHOUT NOTICE  
WORK ORDER

NO. 163737 MLS  
170702

RELEASED  
2012-11-21

**D3295-041 FLOOR WINDOW**

**D3295-041B FLOOR WINDOW, BLANK**

**NOTES:**

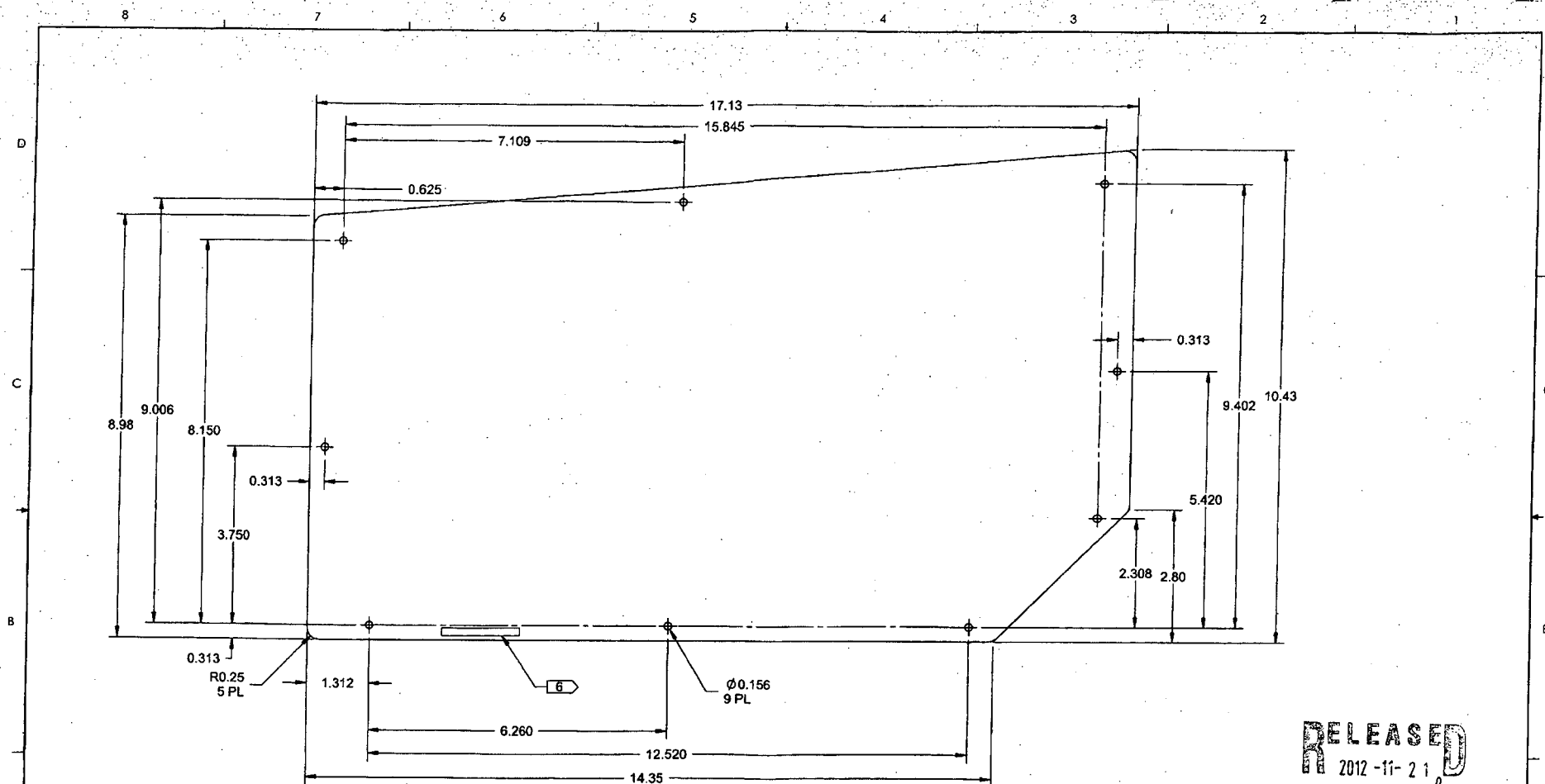
- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) N/A
- 6) ENSURE SURFACE IS FREE OF DIRT/GREASE PRIOR TO APPLICATION OF SELF-ADHESIVE DECAL
- 7) WEIGHT: D3295-041/-041B = 0.87 lbs

|            |                                                                                                                                                |     |          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| E          | ADD D3295-041B-1B. REF. PAR12-223.                                                                                                             | MB  | 12.11.15 |
| D          | REVISE MATERIAL TO LEXAN 8034 FROM POLYCAST ACRYLIC SHEET. ZONE A8 SH 2<br>ADD MISSING DIMENSION PER NCR 247. ZONE C3 SH 2<br>REFORMAT DRAWING | MP  | 07.11.07 |
| C          | CHANGE TEMPLATE # TO DT6822                                                                                                                    | SSH | 07.02.21 |
| B          | UPDATE MATERIAL PER NCR 029                                                                                                                    | CP  | 06.04.13 |
| A          | NEW ISSUE                                                                                                                                      | CP  | 04.06.28 |
| REV.       | DESCRIPTION                                                                                                                                    | BY  | DATE     |
| DESIGN     |                                                                                                                                                |     |          |
| DRAWN      |                                                                                                                                                |     |          |
| CHECKED    |                                                                                                                                                |     |          |
| MFG. APPR. |                                                                                                                                                |     |          |
| APPROVED   |                                                                                                                                                |     |          |
| DE APPR.   |                                                                                                                                                |     |          |
| DATE       | 12.11.15                                                                                                                                       |     |          |

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3295  
REV. E  
SHEET 1 OF 3  
TITLE FLOOR WINDOW  
SCALE NTS

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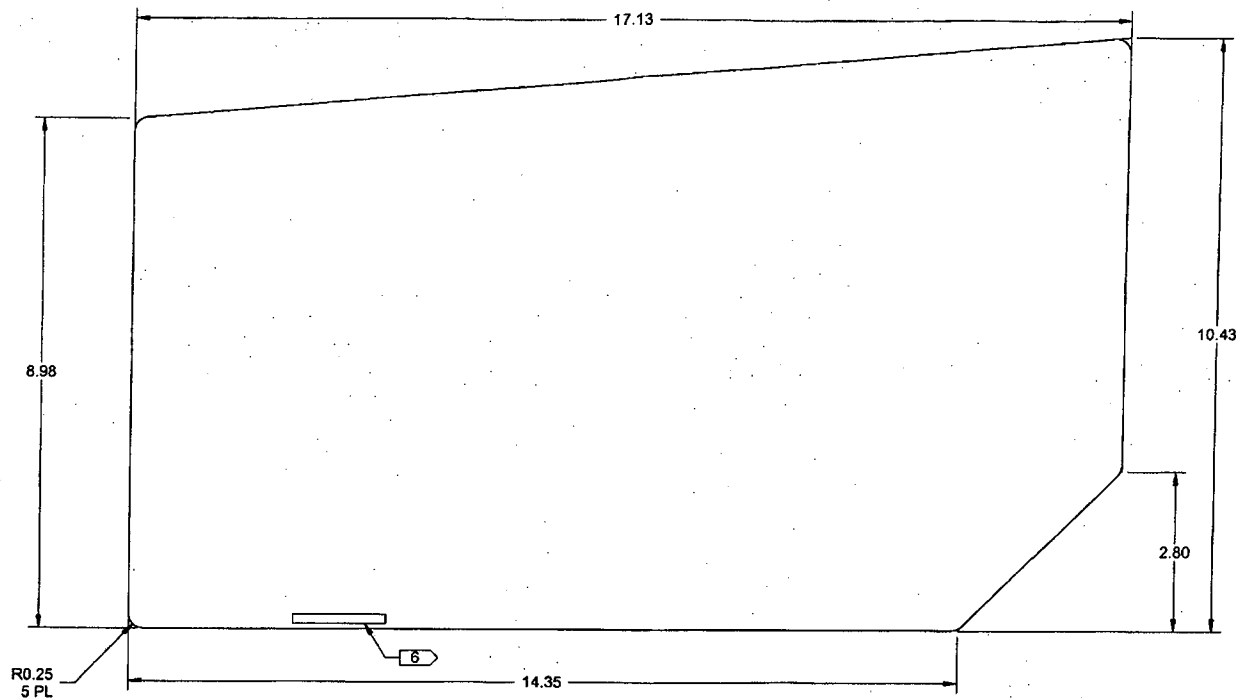
**D3295-1 WINDOW**

RELEASED  
2012-11-21

**NOTES:**

- 1) MATERIAL: LEXAN 9034, 0.125 THICK  
REF DART SPEC. MLEXS.125-9034-01
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: ENGRAVE WITH DART P/N "D3295-041" AND B/N "BXXXXX" PER DART QSI 044 6.4 (VIBRATING STYLUS)  
USING LETTERS 0.125 TO MAX DEPTH OF 0.005. LOCATE APPROXIMATELY AS SHOWN
- 7) WEIGHT: 0.87 lbs

|                                                                                                                                                                                                                                |          |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         |          | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          |          | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        |          | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                                     |          | <b>D3295</b>                           | SHEET 2 OF 3 |
| APPROVED                                                                                                                                                                                                                       |          | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       |          | <b>FLOOR WINDOW</b>                    | NTS          |
| DATE                                                                                                                                                                                                                           | 12.11.15 | COPYRIGHT © 2004 BY DART AEROSPACE LTD |              |
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**D3295-1B WINDOW**

**RELEASED**  
2012-11-21  
JNP

**NOTES:**

- 1) MATERIAL: LEXAN 9034, 0.125 THICK  
REF DART SPEC. MLEXS.125-9034-01
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: ENGRAVE WITH DART P/N "D3295-041B" AND B/N "BXXXXX" PER DART QSI 044 6.4 (VIBRATING STYLUS)  
USING LETTERS 0.125 TO MAX DEPTH OF 0.005. LOCATE APPROXIMATELY AS SHOWN.
- 7) WEIGHT: 0.87 lbs

|                                                                                                                                                                                                                                 |          |                                        |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                          | GP       | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                           | GP       | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                         | GP       | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                                      | GP       | <b>D3295</b>                           | SHEET 3 OF 3 |
| APPROVED                                                                                                                                                                                                                        | GP       | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                        | GP       | <b>FLOOR WINDOW</b>                    | NTS          |
| DATE                                                                                                                                                                                                                            | 12.11.15 | COPYRIGHT © 2004 BY DART AEROSPACE LTD |              |
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